

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

GENERATION PROGRESS

ADDRESS (number and street)

PO BOX 961122

☐Check if different  
than previously  
reported. (ACC)

BOSTON

MA

02196

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00454900

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

10

16

2008

through

11

24

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms Adrienne Zack

Signature of Treasurer

Electronically Filed by Ms Adrienne Zack

Date

12

03

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
GENERATION PROGRESS

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div><div>Y</div><div>Y</div><div>Y</div><div>Y</div><div>2008</div></div>	<div>0.00</div>
(b) Cash on Hand at Beginning of Reporting Period .....	<div>157.65</div>	
(c) Total Receipts (from Line 19) .....	<div>650.78</div>	<div>2098.93</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<div>808.43</div>	<div>2098.93</div>
7. Total Disbursements (from Line 31) .....	<div>744.85</div>	<div>2035.35</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>63.58</div>	<div>63.58</div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

GENERATION PROGRESS

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	1	6	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	1	2	4	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	650.78	2098.93
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	650.78	2098.93
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	650.78	2098.93
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	650.78	2098.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	650.78	2098.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	444.85	1235.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	444.85	1235.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	300.00	800.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	744.85	2035.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	744.85	2035.35

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	650.78	2098.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	650.78	2098.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	444.85	1235.35
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	444.85	1235.35

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GENERATION PROGRESS**

**A.**

Full Name (Last, First, Middle Initial)

Ms Samantha Basso

Mailing Address 51 Calumet St. #3

City

Boston

State

MA

Zip Code

02120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4269

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Nicole Bonito

Mailing Address 65 Boylston St.

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4281

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen Caldwell

Mailing Address 295 Spring St Ext

City

Medford

State

MA

Zip Code

02155

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4248

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GENERATION PROGRESS**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Michael Trindade DeRamo

Mailing Address PO Box 961122

City

Boston

State

MA

Zip Code

02196

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Skadden, Arps, Slate, Mea-  
gher

Occupation

Legal Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

194.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4295

Amount of Each Receipt this Period

24.00

In-kind

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ed Fowler

Mailing Address 86 West Cedar St., Apt. 5

City

Boston

State

MA

Zip Code

02114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4250

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Lakesha Groover

Mailing Address 39 Davison St.

City

Hyde Park

State

MA

Zip Code

02136

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4271

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

64.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GENERATION PROGRESS**

**A.**

Full Name (Last, First, Middle Initial)  
 Ms Erika Keith

Mailing Address 31 Lake St., Apt. 1

City State Zip Code  
 Somerville MA 02143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4267

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)  
 Ms Dana Michelle Kightlinger

Mailing Address 99 F St. Apt. 3

City State Zip Code  
 Boston MA 02127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4265

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Robert Kyne, Jr.

Mailing Address 2001 Commonwealth Ave., Apt. 16

City State Zip Code  
 Brighton MA 02135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4252

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GENERATION PROGRESS**

**A.**

Full Name (Last, First, Middle Initial)

Ms Marisa P. Levine

Mailing Address 440 Huntington Ave.  
 Box 7466

City State Zip Code  
 Boston MA 02115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.74

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4285

Amount of Each Receipt this Period

64.00

In-kind

**B.**

Full Name (Last, First, Middle Initial)

Ms Marisa P. Levine

Mailing Address 440 Huntington Ave.  
 Box 7466

City State Zip Code  
 Boston MA 02115

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation  
 Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.74

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4292

Amount of Each Receipt this Period

35.59

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Ms Carlin Lewinson

Mailing Address 1234 Cambridge St. #3R

City State Zip Code  
 Cambridge MA 02139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4256

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

84.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GENERATION PROGRESS**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Mark Mesiti

Mailing Address 67 Boston St.

City

Somerville

State

MA

Zip Code

02143

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4263

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Lindsey Mohr

Mailing Address 99 F St. #3

City

South Boston

State

MA

Zip Code

02127

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
State Street

Occupation

Mutual Fund Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4266

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Kelly Muellman

Mailing Address 109 Heath Street

City

Boston

State

MA

Zip Code

02130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4258

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**GENERATION PROGRESS**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Chris O'Donnell

Mailing Address 144 Calumet St.

City

Boston

State

MA

Zip Code

02120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4259

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Kelsey O'Neil

Mailing Address 1550 Tremont St.

City

Boston

State

MA

Zip Code

02120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4261

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Ms Grace Owens

Mailing Address 2001 Commonwealth Ave., Apt. 16

City

Boston

State

MA

Zip Code

02135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4254

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GENERATION PROGRESS**

**A.**

Full Name (Last, First, Middle Initial)

Mr. Nick Pierce

Mailing Address 9 Dresden St.

City State Zip Code  
**Boston MA 02130**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Boston Cheese Cellar

Occupation  
 Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 3 / 2 0 0 8**

Transaction ID: SA11AI.4274

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Mary Posner

Mailing Address 6884 Chesapeake Ct

City State Zip Code  
**Gurnee IL 60031**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 0 2 / 2 0 0 8**

Transaction ID: SA11AI.4311

Amount of Each Receipt this Period

20.00

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Mr. Daniel J. Quintal

Mailing Address P.O. Box 230304

City State Zip Code  
**Boston MA 02123**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y  
**1 0 / 2 3 / 2 0 0 8**

Transaction ID: SA11AI.4276

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

**40.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GENERATION PROGRESS**

**A.**

Full Name (Last, First, Middle Initial)  
 Ms Emily Robbins

Mailing Address 61 Park St.

City State Zip Code  
**West Roxbury MA 02132**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 City of Boston

Occupation  
 Legislative Aide

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44.78

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4247

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)  
 Ms Kara Ryan

Mailing Address 150 Huntington Ave., SE8

City State Zip Code  
**Boston MA 02216**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
 Counsel, Partners Health-  
 care

Occupation  
 Administrative Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4275

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
 Mr. Ben Silva

Mailing Address 24 Emerald Drive

City State Zip Code  
**Dartmouth MA 02747**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4273

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
GENERATION PROGRESS

**A.**

Full Name (Last, First, Middle Initial)

Ms Molly Mirra Simpson

Mailing Address 103 Norfolk Street #3

City

Cambridge

State

MA

Zip Code

02139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4297

Amount of Each Receipt this Period

12.99

In-kind

**B.**

Full Name (Last, First, Middle Initial)

Ms Adrienne Zack

Mailing Address 2028 Chapel Road

City

Jefferson

State

OH

Zip Code

44047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

66.97

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4293

Amount of Each Receipt this Period

15.97

In-kind

**C.**

Full Name (Last, First, Middle Initial)

Ms Adrienne Zack

Mailing Address 2028 Chapel Road

City

Jefferson

State

OH

Zip Code

44047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

72.29

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.4299

Amount of Each Receipt this Period

5.32

In-kind

**SUBTOTAL** of Receipts This Page (optional) .....

34.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**GENERATION PROGRESS**

**A.**

Full Name (Last, First, Middle Initial)

Ms Adrienne Zack

Mailing Address 2028 Chapel Road

City

Jefferson

State

OH

Zip Code

44047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.79

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.4302

Amount of Each Receipt this Period

13.50

In-kind

**B.**

Full Name (Last, First, Middle Initial)

Ms Kate R. Ziegler

Mailing Address 158 Hillside St. #3

City

Roxbury Crossing

State

MA

Zip Code

02120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mintz Levin P.C.

Occupation

Operations Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

119.67

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4289

Amount of Each Receipt this Period

100.00

In-kind

**C.**

Full Name (Last, First, Middle Initial)

Ms Kate R. Ziegler

Mailing Address 158 Hillside St. #3

City

Roxbury Crossing

State

MA

Zip Code

02120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mintz Levin P.C.

Occupation

Operations Assistant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

119.67

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4291

Amount of Each Receipt this Period

173.48

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional) .....

113.50

**TOTAL** This Period (last page this line number only) .....

650.78

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GENERATION PROGRESS

A.

Full Name (Last, First, Middle Initial)  
Mr. Michael Trindade DeRamo

Mailing Address PO Box 961122

City State Zip Code  
Boston MA 02196

Purpose of Disbursement  
In-kind

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4296

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

24.00

B.

Full Name (Last, First, Middle Initial)  
Ms Marisa P. Levine

Mailing Address 440 Huntington Ave.  
Box 7466

City State Zip Code  
Boston MA 02115

Purpose of Disbursement  
In-kind

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4286

Date of Disbursement

10 / 23 / 2008

Amount of Each Disbursement this Period

64.00

C.

Full Name (Last, First, Middle Initial)  
Ms Marisa P. Levine

Mailing Address 440 Huntington Ave.  
Box 7466

City State Zip Code  
Boston MA 02115

Purpose of Disbursement  
Reimbursement for supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.4304

Date of Disbursement

11 / 09 / 2008

Amount of Each Disbursement this Period

35.59

SUBTOTAL of Disbursements This Page (optional) .....

123.59

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GENERATION PROGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Ms Molly Mirra Simpson	<b>Transaction ID:</b> SB21B.4298 <b>Date of Disbursement</b>																				
Mailing Address 103 Norfolk Street #3	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Cambridge State MA Zip Code 02139	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement In-kind Candidate Name	<table border="1"> <tr> <td>12.99</td> </tr> </table>	12.99																			
12.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Ms Adrienne Zack	<b>Transaction ID:</b> SB21B.4294																				
Mailing Address 2028 Chapel Road	<b>Date of Disbursement</b>																				
City Jefferson State OH Zip Code 44047	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
Purpose of Disbursement In-kind Candidate Name	<b>Amount of Each Disbursement this Period</b>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<table border="1"> <tr> <td>15.97</td> </tr> </table>	15.97																			
15.97																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Ms Adrienne Zack	<b>Transaction ID:</b> SB21B.4300																				
Mailing Address 2028 Chapel Road	<b>Date of Disbursement</b>																				
City Jefferson State OH Zip Code 44047	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	8												
Purpose of Disbursement In-kind Candidate Name	<b>Amount of Each Disbursement this Period</b>																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<table border="1"> <tr> <td>5.32</td> </tr> </table>	5.32																			
5.32																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) .....

34.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**GENERATION PROGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Ms Adrienne Zack	<b>Transaction ID:</b> SB21B.4303 <b>Date of Disbursement</b>																				
Mailing Address 2028 Chapel Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	0	8												
City Jefferson State OH Zip Code 44047	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement In-kind	<table border="1"> <tr> <td colspan="10">13.50</td> </tr> </table>	13.50																			
13.50																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Ms Kate R. Ziegler	<b>Transaction ID:</b> SB21B.4290 <b>Date of Disbursement</b>																				
Mailing Address 158 Hillside St. #3	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	8												
City Roxbury Crossing State MA Zip Code 02120	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement In-kind	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Ms Kate R. Ziegler	<b>Transaction ID:</b> SB21B.4305 <b>Date of Disbursement</b>																				
Mailing Address 158 Hillside St. #3	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	9		2	0	0	8												
City Roxbury Crossing State MA Zip Code 02120	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Reimbursement for supplies	<table border="1"> <tr> <td colspan="10">173.48</td> </tr> </table>	173.48																			
173.48																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**286.98**

**TOTAL** This Period (last page this line number only) .....

**444.85**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GENERATION PROGRESS

A.

Full Name (Last, First, Middle Initial)

DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 MARYLAND AVENUE NE

City  
WASHINGTON

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4310

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

300.00

Image# 28993365123

Form/Schedule:SA11AI  
Transaction ID: SA11AI.4292

Supplies to be reimbursed

Form/Schedule:SA11AI  
Transaction ID: SA11AI.4311

See Schedule A, 12 day Pre- General: Amended Contributor Information

**Image# 28993365124**

Form/Schedule: **SA11AI**

Transaction ID: **SA11AI.4291**

Supplies to be reimbursed

Form/Schedule: **SB21B**

Transaction ID: **SB21B.4304**

See Schedule A, 30 day Post-General

\*\*\*\*\*

Form/Schedule: **SB21B**

See Schedule A, 30 day Post-General

Transaction ID: **SB21B.4305**